

Quality Management Program Assessment Tool

Developed by HRSA's HIV/AIDS Bureau and the National Quality Center

Source – Institute for Healthcare Improvement*

Date completed: _____

Staff completing: _____

| Quality Management Plan | | | | | |
|--|---|---------|---------|---------|---------|
| A.1. Is a comprehensive statewide quality management plan in place with clear definitions of leadership, roles, resources and accountability? | | | | | |
| Score 0 | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
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| Score 0 | Program has no or minimal written quality plan in place; if any in existence, written plan does not reflect current day-to-day operations. | | | | |
| Score 1 | Program has only loosely outlined a quality management plan; written plan reflects only in part current day-to-day operations. | | | | |
| Score 2 | | | | | |
| Score 3 | A written statewide quality management plan is developed describing the quality infrastructure, frequency of meetings, indication of leadership and objectives; the quality plan is shared with staff; the quality plan is reviewed and revised at least annually; some areas of detail and integration are not present. | | | | |
| Score 4 | | | | | |
| Score 5 | A comprehensive and detailed specific, statewide quality management plan is developed/refined, with a clear indication of responsibilities and accountability across the department, quality committee infrastructure, outline of performance measurement strategies, and elaboration of processes for ongoing evaluation and assessment; engagement of other department representatives is described; quality plan fits within the framework of other statewide QI/QA activities; staff and providers are aware of the plan and are involved in reviewing and updating the plan. | | | | |
| Comment: | | | | | |
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| A.2. Are appropriate performance and outcome measures selected, and methods outlined to collect and analyze statewide performance data? | | | | | |
| Score 0 | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
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| Score 0 | No appropriate performance or outcome measures are selected; methods to collect and analyze statewide performance data are not outlined. | | | | |
| Score 1 | Only those indicators are selected that are minimally required; no process takes place to annually review and update indicators and its definitions; methods to collect data are not described. | | | | |
| A.2. Are appropriate performance and outcome measures selected, and methods outlined to collect and analyze statewide performance data? | | | | | |
| Score 0 | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
| Score 2 | | | | | |

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| Score 3 | Selection of indicators is based on results of past performance data and some input of departmental representatives; indicators include appropriate clinical or support service measures; indicators reflect accepted standards of care; indicator information is shared with staff; processes are outlined to measure and analyze statewide performance data. |
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| Score 4 | |
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A.2. Are appropriate performance and outcome measures selected, and methods outlined to collect and analyze statewide performance data?

| Score 0 | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
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| Score 5 | Portfolio includes clinical and support service indicators with written indicator descriptions; measures are annually reviewed, prioritized and aligned with quality goals; all indicators are operationally defined, and augmented with specific targets or target ranges, including desired health outcome; performance measurement activities include partnering with other agencies, and unmet need are integrated; statewide data collection plans are clearly outlined and strategies to analyze data are detailed. |
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Comment:

A.3. Does the work plan specify timelines and accountabilities for the implementation of the statewide quality of care program?

| Score 0 | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
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| Score 0 | No work plan is specified for the implementation of the statewide quality of care program. |
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| Score 1 | A work plan is only loosely outlined; no specific timelines for the implementation of the statewide quality of care program are established; no formal process to assign timelines and responsibilities; follow-up of quality issues only as needed. |
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| Score 2 | |
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| Score 3 | A written, annual work plan which outlines the implementation is in place; timetable is shared with appropriate staff; updates in the work plan are discussed in quality committee(s); quality activities are planned before execution. |
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| Score 4 | |
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| Score 5 | A process to assign timelines and responsibilities for quality activities is in place and clearly described; annual plan for resources is established; staff are aware of timelines and responsibilities; quality committees are routinely updated and consulted on the implementation of the statewide quality program. |
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Comment:

Organizational Infrastructure

B.1. Does the program have an organizational structure in place to oversee planning, assessment and communication about quality?

| Score 0 | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
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| Score 0 | No quality structure is in place to oversee planning, assessment and communication about quality. |
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| Score 1 | Only a loose quality structure is in place; a few representatives are involved; knowledge of quality structure among staff is limited. |
| Score 2 | |
| Score 3 | Senior representatives heads the quality program; representatives from some internal departments are represented in the quality structure; findings and performance data results are shared; staff for the quality program are identified; resources for the quality program are made available. |
| Score 4 | |
| B.1. Does the program have an organizational structure in place to oversee planning, assessment and communication about quality? | |
| Score 0 | Score 1 |
| Score 2 | Score 3 |
| Score 4 | Score 5 |
| Score 5 | Senior leaders actively support the program infrastructure and planned activities; key staff are identified and supported with adequate resources to initiate and sustain quality improvement activities; staff are routinely trained on quality improvement tools and methodologies; findings and performance data results are frequently shared internally and externally. |
| Comment: | |
| B.2. Is a quality management committee with appropriate membership established to solicit quality priorities and recommendations for quality activities? | |
| Score 0 | Score 1 |
| Score 2 | Score 3 |
| Score 4 | Score 5 |
| Score 0 | No quality management committee is established to solicit quality priorities and recommendations for quality activities. |
| Score 1 | Quality meetings are held with only a few members; ad hoc meetings are only used to discuss immediate issues. |
| Score 2 | |
| Score 3 | Quality committee is established that engages various representatives; routine quality committee meetings are held to solicit quality priorities and recommendations for quality activities; reporting of committee updates in place. |
| Score 4 | |
| Score 5 | Senior leader, key providers and consumer representatives are actively involved in quality committee(s) to establish priorities and solicit recommendations for current and future quality activities; membership is reviewed and updated annually; quality meetings include written minutes and reporting mechanisms. |
| Comment: | |
| B.3. Does the quality program involve providers, consumers and representatives? | |
| Score 0 | Score 1 |
| Score 2 | Score 3 |
| Score 4 | Score 5 |
| Score 0 | Quality program does not involve providers, consumers and other representatives. |
| Score 1 | Quality program includes only internal staff, with limited input from other departments; neither providers nor consumers are involved. |

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| Score 2 | | | | | |
| Score 3 | Representatives from a few departments, providers and at least one consumer representative are participating in quality committee meetings. | | | | |
| Score 4 | | | | | |
| Score 5 | Representatives from all appropriate internal offices, providers and consumers are actively engaged in the statewide quality of care. | | | | |
| Comment: | | | | | |
| B.4. Are processes established to evaluate, assess and follow up on quality findings and data being used to identify gaps? | | | | | |
| Score 0 | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
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| Score 0 | Processes are not established to evaluate, assess and follow up on quality findings. | | | | |
| Score 1 | No processes are established to evaluate the quality program; quality infrastructure and its activities are reviewed only if necessary; when establishing/updating the annual work plan, past performance is not considered; quality of care program does not learn from past successes and failures. | | | | |
| Score 2 | | | | | |
| Score 3 | Review process is in place to evaluate the quality infrastructure, and assess the performance data; findings are generated for follow up and used to <u>plan ahead</u> ; summary of findings are documented. | | | | |
| Score 4 | | | | | |
| Score 5 | Process to annually assess effectiveness of quality program; data findings are used to identify gaps in care and service delivery; staff are actively involved; assessments and follow ups are documented; leadership is <u>well aware</u> and involved in evaluation of quality program; findings and past performance scores are used to facilitate and shape quality program. | | | | |
| Comment: | | | | | |

| Implementation of Quality Plan and Capacity Building | | | | | |
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| C.1. Are appropriate performance data collected to assess the quality of care and services statewide? | | | | | |
| Score 0 | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
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| Score 0 | No performance data are collected to assess the quality of care and services statewide. | | | | |
| Score 1 | Basic performance measurement systems are in place; only utilization data are collected; no process established to share data or only used for punitive purposes; data are not collected statewide. | | | | |
| Score 2 | | | | | |
| Score 3 | A system to measure key quality aspects among providers is established; data are collected, analyzed and routinely disseminated to providers; data are collected from most providers around the state. | | | | |
| Score 4 | | | | | |

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| Score 5 | The quality, including clinical and support services across the state, is measured by selected process and include outcome measures; organizational assessments of provider quality infrastructures are conducted; results and findings are routinely shared with providers to inform and foster quality improvement activities; data are collected from the entire state. | | | | |
| Comment: | | | | | |
| C. 2. Does the quality program conduct quality improvement projects to improve systems and/or quality of care issues? | | | | | |
| Score 0 | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
| Score 0 | The quality program does not conduct quality improvement projects to improve systems and/or quality of care issues. | | | | |
| Score 1 | Quality improvement activities focus on individual cases or incidents only; projects are primarily used for inspection; selection of quality activities is done by single person. | | | | |
| Score 2 | | | | | |
| Score 3 | A few staff members have input in the selection of quality projects; quality improvement activities focus on issues related to structures and processes only; at least one quality project was conducted in the last 12 months to improve systems and/or quality of care issues; internal quality improvement activities are tracked. | | | | |
| Score 4 | | | | | |
| Score 5 | Structured process of selection and prioritization of quality projects is in place; quality improvement projects are informed by the data and are outcome related; staff across several departments is involved in quality improvement projects; findings are routinely shared with entire staff, presented to the quality committee, and used to inform subsequent projects. | | | | |
| C. 2. Does the quality program conduct quality improvement projects to improve systems and/or quality of care issues? | | | | | |
| Score 0 | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
| Comment: | | | | | |
| C.3. Does quality program offer QI training and technical assistance on quality improvement to providers? | | | | | |
| Score 0 | Score 1 | Score 2 | Score 3 | Score 4 | Score 5 |
| Score 0 | The quality program does not offer QI training and/or technical assistance on quality improvement to providers. | | | | |
| Score 1 | No structured process in place to train providers on quality improvement; limited technical assistance resources available for providers to build capacity for quality improvement. | | | | |
| Score 2 | | | | | |
| Score 3 | Capacity to train providers and provide technical assistance on quality improvement is available; process in place to triage TA requests from individual providers; some resources are available and mostly used in response to TA requests. | | | | |
| Score 4 | | | | | |

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| Score 5 | A quality workshop program is established to routinely train clinical and service providers on quality improvement priorities, tools and methodologies; an annual training schedule is developed with quality topics based on needs assessment including input by providers; trainings are well attended and evaluations are routinely kept and analyzed and used to improve future training; technical assistance is provided to clinical and service providers through on-site visits by quality experts. |
| Comment: | |

A) Background & Purpose:

Goals of a Quality Program are to: 1) create or revise a quality management plan and supporting infrastructure; 2) implement processes to measure and ensure quality of care and services; and 3) build capacity for quality improvement among providers.

Evaluations of the quality of care should consider: (1) the quality of the data being input; (2) the quality of the service delivery process; and (3) the quality of outcomes, in order to continuously improve systems of care for individuals and populations.

Quality Management Programs Should Have the Following Characteristics:

1. Be a systematic process with identified leadership, accountability, and dedicated resources available to the program.
2. Use data and measurable outcomes to determine progress toward relevant, evidenced-based benchmarks.
3. Focus on linkages, efficiencies, and provider and client expectations in addressing outcome improvement.
4. Be a continuous process that is adaptive to change and that fits within the framework of other programmatic quality assurance and quality improvement activities
5. Ensure that data collected is fed back into the quality improvement process to assure that goals are accomplished and that they are concurrent with improved outcomes.

B) Definitions of Terms:

Quality Management Plan:

A Quality Management Plan is a written document that outlines the Quality Program, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and elaboration of processes for ongoing evaluation and assessment of the program.

Quality Management Infrastructure:

The Quality Management Infrastructure represents the organizational structure of the formal quality program which includes the committee structures with stakeholders, providers and consumers, the performance measurement systems to collect clinical and non-clinical data, and the involvement of internal divisions that shape the quality program.

Implementation/Capacity Building:

Capacity Building embodies all internal and external quality improvement activities related to the quality program, including QI project activities, performance measurement activities, and QI training and educational activities.

*Adapted and used with approval from the Institute of Healthcare Improvement